

# Demographic Reporting Form

## Quarter 6 Totals

### Positive Alternatives

**Dates:** October 1 – December 31, 2017

**Grantee Name:** Emergency Pregnancy Service of Rochester

#### 1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
		2	4	3	2	4	

#### 2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown	Other (Father or Grandparent)
3	3	2	4		3

#### 3. Client Marital Status:

Married	Not Married	Marital Status Unknown
4	11	

#### 4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
6	5	1		1	2	

#### 5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
4	11	

#### 6. Client Type:

Mother	Father	Grandparent	Other
14	1		

